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\*\* CONTINUING DATA \*\*\*\*\* *DB*

This appln claims benefit of 60/457,848 03/24/2003

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *RA*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 1	TOTAL CLAIMS 37	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Reb. Alper</i> Examiner's Signature	<i>DB</i> Initials			

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## TITLE

Inhibitors of cathepsin S

<b>FILING FEE RECEIVED</b> 1206	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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